



**FAMILY FOSTER CARE HOME PROPERTY DAMAGE
VERIFICATION OF CLAIM**
ND DEPARTMENT OF HUMAN SERVICES
FOSTER CARE
SFN 328 (12-2004)

Use of form: Completion of this form is required before a claim for family foster care home property damage can be paid by the Department.

Foster Parent Name			
Street Address	City	State	Zip Code

A. Department of Human Services Verification Checklist

1. Date SFN-327 was received by the Department:										
2. Was foster parent licensed at the time of occurrence?	Yes	No								
3. Was foster child placed in the home at the time of occurrence?	Yes	No								
4. Has a claim regarding this incident been submitted to the foster parent's private insurer?	Yes	No								
5. Has foster parent filed any claims to the Department since last July 1? Yes No										
If "Yes", list date and amount of each claim.										
<table><tr><th>Date</th><th>Amount of Claim</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>			Date	Amount of Claim						
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6. Are all three pages of the SFN-327 completed and attached? Yes No										
7. Is there documentation of insurance coverage or insurance denial provided with the SFN-327? Yes No										
8. Is there documentation of the amount of deductible paid to the foster parent? Yes No										
9. Have the receipts, estimates or other documentation for each item lost or damaged been provided? Yes No										

B. Department of Human Services Recommendation

Pay amount claimed on SFN-327

Amount claimed:	
Less deductible:	
Recommended payment:	

Pay amount other than claimed

Amount claimed:	
Less deductible:	
Recommended payment:	

Disregard claim

If amount other than claimed is to be paid or claim is to be disregarded, provide explanation of recommendation:

Signature of Assistant Foster Care Administrator, CFS or designee	Date signed
Signature of CFO, Fiscal Administration or designee	Date signed
Signature of Risk Manager/Attorney, Legal Advisory Unit or designee	Date signed